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New York, NY 10008-0770				(Depositor's name)			
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						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO.	CONFIRMATION, NO.	
10/510,670	12/17/2004		Rivio Arturo Ramirez	· 0	4306/0201983-US0	6133	
TITLE OF INVENTION	: CENTRIFUGATION I	NJECTION MOLD					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEI	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$0	\$0	\$1440	05/20/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
LIN, KU		1793	164-286000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternati (2) the name of a singl registered attorney or a 2 registered patent atto listed, no name will be	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Darby & Darby P.C 2 3			
PLEASE NOTE: Uni recordation as set forti (A) NAME OF ASSIG Empresa Br S.A	ess an assignec is ident h in 37 CFR 3.11. Comp GNEE rasileira Do Embraco		(B) RESIDENCE: (CITY res Join	atent. If an assignee is assignment. assignment. and STATE OR COUNTY ILLE - SC, E	NTRY) Brazil	ncument has been filed for	
4a. The following fee(s) are submitted: 3. Essue Fee 3. Essue Fee 3. Essue Fee Advance Order - # of Copies 4 4 4 4 4 4 4 4 4 4 4 4 4			 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. A check is enclosed. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-0100 (enclose an extra copy of this form). 				
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	s SMALL ENTITY statu d Publication Fee (if requ					e assignee or other party in	
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Typed or printed name				Registration No4		her the LIGHTO to	
an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria. Virginia 223	tiality is governed by 35 application form to the ons for reducing this but irginia 22313-1450. DO 13-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR (on is required to obtain or re 1.14. This collection is est depending upon the indice Chief Information Office COMPLETED FORMS To spond to a collection of information of information of the spond to a collection of information of the spond to a collection of information of the spond to a collection of the	nmated to take 12 minuridual case. Any comme er, U.S. Patent and Trad D THIS ADDRESS. SE	tes to complete, including the son the amount of tindemark Office, U.S. Depart of the TO: Commissioner for the state of th	g gathering, preparing, and ne you require to complete urtiment of Commerce, P.O. or Patents, P.O. Box 1450,	